

Body Image in Older Adults: Links with Religion and Gender

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Abstract Research has confirmed a healthy link between young adults' religiosity and body image. This study explored this relationship in 127 older men and women (mean = 74 years) who completed measures on two dimensions of body image (body satisfaction and anxiety about an aging appearance) and on different indices of religiosity. Men reported higher body satisfaction and lower anxiety about an aging appearance than women. For men, body satisfaction correlated with many religiosity variables and was predicted by religious well-being, existential well-being, and manifestation of God in their body; aging-appearance anxiety was unrelated to religiosity. For women, body satisfaction was weakly related to religiosity but aging-appearance anxiety was predicted by intrinsic orientation, religious well-being, and existential well-being; in all cases higher religiosity predicted lower anxiety about an aging appearance. Results are discussed in the context of differing cultural standards of aging and attractiveness for men and women.

Keywords Body image · Religion · Gender differences · Older adults

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For many adults, getting older brings many negative feelings about the physical self—anxiety about aging, worries about declines in stamina and physical ability, distress over obvious changes in the body. This study investigates two aspects of body image—body satisfaction and anxiety about an aging appearance—in relation to several dimensions of men's and women's religiosity.

Ample research on women's body image (for reviews, see Grogan 2008; Keel and Klump 2003) confirms that young women in Western societies are dissatisfied with their bodies and would like to be thinner, a feeling so pervasive as to be called "normative discontent" (Rodin et al. 1985). This discontent is usually attributed to unrealistic but pervasive cultural norms and media images of thinness. Current Western ideals for female beauty emphasize thinness, often to an unattainable degree (Wiseman et al. 1992). Body dissatisfaction is linked to diagnosed eating disorders, subclinical levels of restrictive dieting and self-induced vomiting, and psychological indices such as shame, depression, and low self-esteem (Stice 2001).

While body image in older adults has received far less attention than in younger women, evidence suggests that body dissatisfaction remains stable across the life span (Tiggemann 2004). That is, women remain dissatisfied with their bodies as they grow older, but their level of dissatisfaction does not increase significantly. Studies that have compared older to younger women have consistently reported no age differences for various aspects of body image, including satisfaction with overall appearance or specific body parts (Kaminski and Hayslip 2006; Pliner et al. 1990), ratings of ideal body shape as measured by body shape silhouettes (Tiggemann and Lynch 2001), or preoccupation with losing weight (Cash and Henry 1995). This stability is somewhat surprising, given that the

inevitable changes of aging such as wrinkles, weight gain, and redistribution of weight move women further from the cultural ideal of slimness. Researchers have proposed two explanations for this stability.

First, older women seem to use age-appropriate role models for comparing their own bodies. As women age, they tend to choose heavier ideal figure silhouette drawings than younger women (Lamb et al. 1993; Stevens and Tiggemann 1998). When asked “who would you like to look like?” they are more likely to name family members or no particular person (Grogan 2008), whereas younger women are more likely to cite fashion models or actresses as their role models.

A second explanation for stability in women’s dissatisfaction is simply that appearance becomes less important with age. The relationship between body satisfaction and self-esteem is much stronger in young adults than in middle-aged adults, and in older women it is not even statistically significant (Webster and Tiggemann 2003). Body dissatisfaction does not depend upon age—virtually all women across a broad age range are dissatisfied—but women’s emphasis on the importance of their bodies decreases with age as shown by decreases in body self-consciousness, habitual monitoring of appearance, and shame and anxiety about bodily appearance (Tiggemann and Lynch 2001). These findings suggest that with age, the body becomes less essential to older women’s overall feelings about themselves.

Research on body image reveals important gender differences. In general, men do not experience dissatisfaction with their bodies to the extent that women do (Lamb et al. 1993; Pliner et al. 1990). Actual rates of dissatisfaction vary depending on the measure used (e.g., Franzoi and Shields 1984; Garner 1997; Mishkind et al. 1986) but regardless of how dissatisfaction is measured, men’s rates are much lower than women’s. While women almost universally wish they were thinner, men are as likely to want to gain weight as lose it (Mishkind et al. 1986). When asked about specific aspects of their appearance, men are likely to report dissatisfaction with muscularity and body tone (Grogan and Richards 2002), which is consistent with cultural standards of male attractiveness emphasizing leanness and muscularity in the upper body (Pope et al. 2000).

Little work has been done on male body image and aging, but the few existing studies suggest that as men age, their body dissatisfaction increases. Men have more positive body attitudes than women across all age groups studied, but the difference between genders diminishes after age 65 (Franzoi and Koehler 1998). Kaminski and Hayslip (2006) measured body esteem (i.e., feelings toward various body parts) in a sample of older men and women and found a significant effect of age on body esteem for

men. Consistent with other findings described earlier, these researchers found no age effect on body esteem for women.

Although body image has been studied in relation to adults’ age and gender, religiosity has also received attention. A recent review concluded that in normal non-diagnosed women, religiosity and body image are often linked in positive, healthy ways (Boyatzis and Quinlan 2008). For example, healthier body image is positively associated with women’s self-rated importance of religion (Joughin et al. 1992), worship attendance and self-rated religiosity (Mahoney et al. 2005), intrinsic orientation (Forthun et al. 2003; Smith et al. 2003), and religious well-being (i.e., a close relationship with God; Smith et al. 2003). In this study, we measured all of these constructs to determine how they related to and predicted older men’s and women’s body image. In highly religious college women, prayer was reported to be an effective coping tactic to deal with body image concerns (Jacobs-Pilipski et al. 2005). In college and young adult women, lower body satisfaction was related to higher scores on Quest orientation, which reflects an openness to change in one’s religious beliefs and an acceptance of doubt as integral to faith (Boyatzis and McConnell 2006). Support for the positive role of religion also comes from qualitative data showing that when women describe whether religion affects their body image, the impact is typically positive though many women report no connection (Boyatzis et al. 2006).

Another dimension of religiosity that is related to body image is sanctification, or the process of endowing some aspect of life with divine and sacred significance (Pargament and Mahoney 2005). Mahoney et al. (2005) measured college students’ body image in relation to the extent to which they viewed their bodies as being a manifestation of God (e.g., “My body is created in God’s image”) and described their bodies as having sacred qualities (e.g., “holy,” “sacred”). A modest but significant portion of variance in body satisfaction was predicted by students’ scores on sacred qualities; that is, the more the students felt their bodies had special qualities such as “heavenly,” the better they felt about their bodies. Scores on manifestation of God in the body did not predict body image. In this study, we assessed the role of these sanctification constructs in how elderly men and women felt about their bodies.

In addition to these correlational studies, a recent experimental study demonstrated a positive effect of religion on body image (Boyatzis et al. 2007). College women viewed photographs of ultra-thin fashion models to activate their body image concerns then read either neutral statements, religious body affirmations (“my body is whole and perfect because it is created in the image of God”), or spiritual body affirmations (“my body is whole and perfect”). In a pretest/post-test measure of body image,

control women declined in body image but women who had read religious body affirmations improved significantly in body image.

Therefore, a range of studies using different indices of religion show a healthy link with body image. Unfortunately, most of these studies assessed young women, typically from ages 18 to 30 (Boyatzis and Quinlan 2008), so little is known about body image and religiosity in older adults, and, in particular, men. To our knowledge, only one study has examined body image and religiosity in men. Boyatzis and Manning (2005) found that college men's feelings about their appearance and weight were not significantly related to any measures of religiosity. This was in contrast to the studies described above on college women that found many positive associations between religiosity and body image. This gender difference led us to explore differences between men and women in the role of religion in their body image.

This study also explored links between religiosity and concerns about declining attractiveness due to aging (referred to hereafter as aging-appearance anxiety). This construct is distinct from body satisfaction because it addresses concerns about declines in physical appearance regarding the aging process rather than general satisfaction with one's body. The limited research indicates that women feel more aging-appearance anxiety than do men (Cummins et al. 2000), and that for both genders, anxiety about aging decreases with age (Barrett and Robbins 2007; Lasher and Faulkender 1993). Unfortunately, researchers have not examined links between anxiety about an aging appearance and religion.

This study determined whether the healthy role of religion in young women's body image occurs in older women as well. Because our study included men, we could explore these variables in both genders. Given the paucity of data on religion and men's body image, we made no predictions regarding gender differences about religion's role in body satisfaction or aging-appearance anxiety. We did predict that higher religiosity would be related to higher body satisfaction and lower anxiety about an aging appearance in older adults. In light of prior literature, we expected that global religiosity would be positively related to body image, but we wished to go beyond that level of analysis to assess more specific indices of personal religiosity. Hence, in analyses we controlled for worship attendance and self-rated religiosity to learn how the distinct dimensions of religious orientation, religious well-being, existential well-being, and sanctification of the body predicted unique variance in body image. Due to prior findings (Boyatzis and Quinlan 2008), we predicted that these measures would predict significant unique variance in body image, with higher religiosity predicting better body image and lower aging-appearance anxiety. The use of various indices of

religiosity extends prior research on religion and well-being that has tended to rely on global or single measures (see Koenig et al. 2001). As Pargament (1997) argued, researchers must be more precise when studying the links between religion and well-being, and we attempt to do so by using multiple and diverse measures of religiosity and body image.

Method

Participants

Participants included 127 adults, 40 men and 87 women aged 61 or older ($M = 74.3$ years, $SD = 6.8$) recruited from local health clubs and churches in a rural area. At these sites, adults heard a general description of the study. Interested participants received survey packets that they completed at home and returned by mail or in person within 2 weeks. The response rate was high (79%). Participants were entered in a lottery for gift certificates.

Based on responses to a demographic survey, all participants were White and most (58%) had completed at least a high school education (with 25% college, 13% a graduate degree). The majority (82%) affiliated with a Protestant denomination, some with a Roman Catholic (9%) or other Christian (8%) affiliation, and only 1% did not list an affiliation. Most attended church regularly (68% weekly, 13% several times per week, and only 3% never).

Measures

Participants completed a demographic survey on their age, education, gender, religious affiliation, and two standard items of global religiosity: Self-rated religiosity (1 = *not religious at all*, 4 = *very religious*) and frequency of church attendance (1 = *never*, 6 = *more than once a week*).

Participants completed two measures of body image. The Body Areas Satisfaction subscale of the Multi-Dimensional Body-Self Relations Questionnaire (MBSRQ; Cash 2000) assessed the extent to which individuals are satisfied with nine aspects of their body (e.g., face, upper and lower torso, overall appearance) on a 5-point scale (1 = *very dissatisfied*, 5 = *very satisfied*). The nine items were summed to create a total Body Satisfaction score. The second body image measure was the Physical Appearance subscale of the Anxiety about Aging Scale (Lasher and Faulkender 1993); the subscale is a 5-item measure of fears about age-related changes in appearance (e.g., "When I look in the mirror, it bothers me to see how my looks have changed with age"). Participants indicated agreement on a 5-point scale (1 = *definitely disagree*, 5 = *definitely*

agree). Reverse worded items were scored such that the total score reflected greater anxiety. For clarity and simplicity, in our article we have labeled this construct “aging-appearance anxiety.”

Participants also completed several religiosity/spirituality scales. The Religious Orientation Scale-Revised (Gorsuch and McPherson 1989) generates scores on three kinds of religious orientation. People with an intrinsic orientation have internalized their religious beliefs and seek to live according to what they believe. An extrinsic orientation refers to the use of religion as a means to some self-serving end, such as an extrinsic-social orientation (e.g., attending worship to meet friends) or an extrinsic-personal orientation (e.g., using religion only to make oneself feel better). Participants indicated agreement with 14 items using a 5-point scale (1 = *I strongly disagree*, 5 = *I strongly agree*). The Spiritual Well-Being Scale (Paloutzian and Ellison 1991) consists of two subscales. Religious well-being reflects the warmth, closeness, and stability of one’s relationship with God, and Existential well-being taps one’s overall sense of satisfaction, meaning, and purpose in life. The 20-item scale was rated on a 6-point scale (1 = *strongly agree*, 6 = *strongly disagree*). The Manifestation of God in the Body Scale (Mahoney et al. 2005) assessed the degree to which the body is perceived to be an expression or manifestation of God (e.g., “My body is an instrument of God”). Participants indicated agreement with each of the 12 items on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). The Sacred Qualities of the Body Scale (Mahoney et al. 2005) assessed the participant’s feeling that his or her body has sacred, transcendent qualities. Participants indicated the extent to which descriptors (such as blessed, divine, hallowed) applied to their own body using a 7-point scale (1 = *does not describe at all*, 7 = *very closely describes*).

Results

Descriptive statistics including alpha coefficients for each of the measures are listed in Table 1. As a preliminary analysis, we compared men and women on all the religiosity and body image variables. Only two scales yielded significant differences. Men reported higher body satisfaction ($M = 35.2$, $SD = 5.61$) than women ($M = 30.1$, $SD = 6.15$), $t(122) = 4.38$, $p < .001$, and lower aging-appearance anxiety ($M = 8.08$, $SD = 3.55$) than women ($M = 10.22$, $SD = 3.74$), $t(118) = -2.96$, $p < .004$. Due to these significant differences on two key measures in our study, all subsequent analyses involving these two variables were computed separately by sex.

As another preliminary analysis, we computed correlations between all of the religiosity variables for the entire

Table 1 Descriptive statistics for entire sample on body image and religiosity variables

	<i>M</i>	<i>SD</i>	α	Range
<i>Body image variables</i>				
Body satisfaction	31.7	6.4	.89	9–45
Aging-appearance anxiety	9.6	3.8	.72	5–25
<i>Religiosity variables</i>				
Church attendance	4.7	1.1	n/a	1–6
Self-rated religiosity	2.6	0.7	n/a	1–4
Intrinsic Orientation	32.3	5.9	.82	8–40
Extrinsic-social orientation	6.4	2.6	.62	3–15
Extrinsic-personal orientation	9.6	3.0	.74	3–15
Religious well-being	51.9	9.0	.86	10–60
Existential well-being	50.7	7.3	.81	20–60
Manifestation of God	71.4	14.3	.96	12–84
Sacred qualities	51.5	15.6	.94	10–70

sample. Correlations were low-to-moderate with a median correlation of .43. Exceptions included correlations between religious well-being and intrinsic religious orientation ($r = .75$) and manifestation of God in the body ($r = .74$). Despite these substantial correlations, these variables are theoretically distinct so we treated them separately in subsequent analyses. Correlations between the two global measures (church attendance, self-rated religiosity) and the remaining religiosity variables ranged from .02 to .65, indicating that these different measures tapped different constructs.

Correlations between the body image variables and religiosity variables are presented in Table 2. For men, body satisfaction was significantly positively correlated with each of the religiosity variables with the exception of extrinsic religious orientation. However, none of the religiosity variables were significantly correlated with aging-appearance anxiety. For women, body satisfaction was significantly correlated with higher church attendance, intrinsic orientation, and existential well-being. (We note that although the remaining correlations for women failed to reach statistical significance, all were in a positive direction; that is, higher religiosity was related to higher body satisfaction.) Significant correlations emerged between aging-appearance anxiety and church attendance, intrinsic orientation, religious well-being, and existential well-being.

We next computed hierarchical regressions to determine whether specific religiosity variables contributed unique variance to body image scores. In the health and religion literature, age, education, race/ethnicity, and gender are generally regarded as potential confounders (Powell et al. 2003), so we entered participants’ age and education in the first step. (Our sample had no racial/ethnic variation to

Table 2 Correlations between religiosity variables and body image variables by gender

Religiosity variables	Men (<i>n</i> = 40)		Women (<i>n</i> = 87)	
	Body satisfaction	Appearance anxiety	Body satisfaction	Appearance anxiety
Church attendance	.42**	-.13	.22*	-.31**
Self-rated religiosity	.37*	.05	.10	-.18
Intrinsic orientation	.42*	-.07	.24*	-.30**
Extrinsic-personal orientation	-.01	.19	.10	-.10
Extrinsic-social orientation	-.10	.30	.08	.01
Religious well-being	.54**	-.10	.13	-.30**
Existential well-being	.58**	-.18	.32**	-.47**
Manifestation of God in body	.53**	.00	.16	-.09
Sacred qualities	.46*	.07	.16	-.20

* $p < .05$, ** $p < .01$

speak of so we did not enter that.) We also entered in Step 1 the global measures of frequency of worship attendance and self-rated religiosity to allow us to determine whether the remaining, more distinct religiosity measures predicted unique variance beyond these common global measures of religiosity. The religiosity variables entered in Step 2 were those that had previously correlated significantly with one or both body image variables.

For men, the demographic and global religiosity measures entered in Step 1 explained 20% of the variance in body satisfaction. When entered as a set, none of these variables independently explained unique variance in body satisfaction. In Step 2, significant and unique variance in body satisfaction was predicted by religious well-being, existential well-being, and manifestation of God; in all cases, higher religiosity predicted higher body satisfaction (see Table 3). Intrinsic orientation and sacred qualities did not make unique contributions to body satisfaction. Aging-appearance anxiety was not explored using the hierarchical regression procedure because earlier correlational analyses failed to show any significant relationships between that measure and religiosity.

For women, the demographic and global religiosity measures entered in Step 1 explained only 7% of the variance in body satisfaction. None of the variables made significant independent contributions to variance. Step 2 results showed that existential well-being predicted unique variance in body satisfaction; intrinsic orientation did not. We repeated the regression procedure using aging-appearance anxiety as the dependent variable. Step 1 explained 16% ($p < .05$) of the variance in aging-appearance anxiety for women. Age and self-rated religiosity were significant predictors when entered in conjunction with the other demographic and background religiosity variables. Step 2 results showed that unique variance in aging-appearance anxiety was predicted by each of the individual religiosity variables—intrinsic orientation,

Table 3 Summary of hierarchical regression analysis for variables predicting body satisfaction: men (*n* = 40)

Predictor variables	Body satisfaction	
	Beta	R^2 change
<i>Step 1</i>		.20
Age	.01	
Education	-.07	
Church attendance	.32	
Self-rated religiosity	.20	
<i>Step 2</i>		
Intrinsic orientation	.17	.01
Religious well-being	.55*	.11*
Existential well-being	.49**	.18**
Manifestation of God	.48*	.10*
Sacred qualities	.33	.08

* $p < .05$, ** $p < .01$

religious well-being, and existential well-being; in all cases higher religiosity predicted lower anxiety (see Table 4).

Discussion

As far as we can tell, this study is the first to demonstrate that several key dimensions of religiosity are related in healthy ways to body image in older adults. The study thus contributes to the amassing evidence of religion's positive association with well-being (Koenig et al. 2001). We found that there are significant albeit modest links between religiosity and body image, but they depend upon participants' gender and the specific dimensions of body image and religiosity in question. Men's anxiety about an aging appearance was not related to religiosity, but body satisfaction was widely related to different measures of

Table 4 Summary of hierarchical regression analysis for variables predicting body satisfaction and aging-appearance anxiety: women ($n = 87$)

Predictor variables	Body satisfaction	
	Beta	ΔR^2
<i>Step 1</i>		
Age	.08	.07
Education	.08	
Church attendance	.22	
Religiosity	.05	
<i>Step 2</i>		
Intrinsic orientation	.18	.02
Existential well-being	.27*	.05*
	Aging-appearance anxiety	
	Beta	ΔR^2
<i>Step 1</i>		
Age	-.34**	.16*
Education	.02	
Church attendance	-.11	
Religiosity	-.24*	
<i>Step 2</i>		
Intrinsic orientation	-.34*	.06*
Religious well-being	-.37**	.08**
Existential well-being	-.51***	.18***

* $p < .05$, ** $p < .01$, *** $p < .001$

religiosity and was predicted specifically by higher religious well-being (closeness with God), existential well-being, and a feeling that God is made manifest in their own body. In women, body satisfaction was related to several dimensions of religiosity; however, none of these dimensions contributed unique variance when demographic and global religiosity variables were controlled. In contrast, lower anxiety about appearing older was predicted by intrinsic orientation, religious well-being, and existential well-being. Therefore, our study contributes to the growing awareness that the oft-touted link between religion and well-being requires “unpacking” to understand the *specific* dimensions involved (see Boyatzis and Quinlan 2008; Pargament 1997). We note, of course, that this study has a correlational design that precludes causal inferences and requires replication.

For men, a clear and positive relationship emerged between religiosity and body satisfaction. We found significant positive correlations between every religiosity variable (including the global measures) and body satisfaction (with the exception of the extrinsic orientation measures, which are often regarded as less mature or committed indices of religion). Hierarchical regression showed that religious well-being, existential well-being,

and manifestation of God each contributed unique variance to body satisfaction. That is, men who have a warm and stable relationship with God; who have an overall sense of satisfaction, meaning, and purpose in life; and who view their bodies as a manifestation and expression of God are also more satisfied with their bodies. Our findings on body image are novel and the all more striking in light of the absence of religion’s link with body image in younger men (Boyatzis and Manning 2005). Future work on larger samples will need to test our findings.

Men have reached their later years after relatively more satisfaction with their bodies. Men do not experience the acute negative feelings about their bodies that women do (e.g., Pliner et al. 1990), so consequently they would be less likely earlier in adulthood to draw upon religion (and perhaps other psycho-spiritual resources) to cope with body image issues. However, in our older men body dissatisfaction was substantial, and religion seems to have a positive role in maintaining what body satisfaction they have. We found that men’s body satisfaction correlated positively with every measure of men’s religiosity (with the exception of extrinsic religious orientation). Even after controlling for global religiosity, regressions (Table 3) show that having a warmer and closer relationship with God (religious well-being), having a sense of meaning and purpose in life (existential well-being), and viewing one’s body as an expression of God each predicted unique variance in men’s body satisfaction. Perhaps these beliefs promote a sense of self-acceptance and value on a deeper level than external appearance, especially as one’s body falls short of cultural standards of attractiveness. Consistent with this explanation, extrinsic religious orientation was not related to higher body satisfaction (though neither was it related to poorer body image). An extrinsic religious orientation may reflect a more self-serving, utilitarian motivation for religious involvement, which seems unlikely to promote positive feelings of one’s body. Reviews have shown that extrinsic orientation is commonly unrelated to healthy outcomes (Masters 2008). It is worth noting that neither intrinsic religious orientation nor the sacred qualities dimension made unique contributions of variance. The latter finding contrasts with the result in Mahoney et al. (2005) that the more college students described their bodies with sacred qualities the more satisfied they were with them. Together, these findings confirm the admonition that researchers must attend closely to which indices of religion are and are not related to well-being and what age groups are under study (Pargament 1997).

For women, only three religiosity variables were correlated significantly with body satisfaction: church attendance, intrinsic orientation, and existential well-being. In regression analyses, only existential well-being explained unique variance in body satisfaction. Therefore, women who felt a

more positive sense of life's meaning, purpose, and future were more satisfied with their bodies. Together these findings indicate that while the relationship between religiosity and body satisfaction persists in older women, it is not as robust as in younger samples. These results are surprising given the consistent findings, described earlier, showing healthy links between multiple dimensions of religiosity and body image in younger women (Boyatzis and Quinlan 2008). These findings do indicate, though, that a positive and healthy sense of purpose in an aging adult seems to be a crucial component of feeling better about one's physical self.

It is axiomatic that young women experience intense pressure regarding their looks, weight, and appearance, a worry felt as normative discontent (Rodin et al. 1985) tantamount to a chronic crisis of self-doubt (Crisp 1980). For many people religion provides resources for coping with difficult situations (Emery and Pargament 2004), and young women higher in religiosity seem to cope better with the challenge of accepting their bodies in a culture that upholds narrow and unattainable body norms. In contrast to these psychological dynamics in young women, we speculate that after decades of normative dissatisfaction most older women (our sample averaged 74 years of age) have assimilated their body shape into their identity such that body dissatisfaction no longer constitutes as much of a crisis (Whitbourne and Skultety 2002). They may still feel dissatisfied with their bodies, but it simply does not matter so much anymore (Tiggemann and Lynch 2001; Webster and Tiggemann 2003). Consequently, religion may not constitute as important a source of coping about their bodies as when they were younger.

The other major dependent variable in our study was anxiety about age-related changes in appearance. Given the literature linking religion with psychological well-being, we expected that religiosity would be associated with lower anxiety about aging. We found strong gender differences on this matter. As anticipated, women who were higher on various dimensions of religiosity experienced lower anxiety about appearing older. Some key measures were correlated with lower anxiety: higher worship attendance, intrinsic religious orientation (or internalization of one's beliefs), religious well-being (closeness with God), and existential well-being. In regressions that controlled for background variables, all of these religiosity measures predicted significant unique variance in anxiety about aging—in all cases predicting lower anxiety. We might presume that these religious feelings and beliefs promote a sense and view of a transcendent self as inherently valuable and good, even as one ages and looks older. These positive dynamics seem plausible especially in light of our overwhelmingly Christian sample.

It is interesting, then, why these potential benefits did not occur for men's feelings about their decline of

appearance with age. We suspect that because physical attractiveness is deemed more important to women than men, the effects of aging produce more anxiety for women. Indeed, our women scored significantly higher than men on this variable. Various authors (e.g., Sontag 1972; Wilcox 1997) have noted the "double standard" of aging, in which aging women are evaluated far more critically than older men, who are viewed as "distinguished." This double standard may lead women to feel more struggle in dealing with their age-related changes in physical appearance than men feel dealing with their own changes (Ussher 1993). Though women's overall body satisfaction may not vary much over time, the task of seeing one's body change due to age can cause distress. Our data suggest that for older women, some central dimensions of their personal religion—in particular internalizing their own faith and enjoying a closer and more stable relationship with God—help ameliorate this distress.

Results of the current study indicate that there are healthy links between religiosity and body satisfaction for older men and religiosity and aging anxiety for women. We hypothesize that the observed gender differences can be explained in terms of the discrepancy between the aging body and cultural standards. For men, body dissatisfaction does not seem to catch up to them until they reach later life. When they do experience body dissatisfaction, perhaps they experience discomfort that young women typically confront, decades earlier. For older men religious faith and practice helps maintain a more positive view of their bodies. In contrast, as women age their concern about their body dissatisfaction abates and so the importance of religion in coping with body dissatisfaction also diminishes. Gender differences in regard to anxiety about an aging appearance can be explained in a parallel fashion. Thus, older women with stronger faith seem to be more accepting of their changing appearance. Older men, whether they are highly religious or not, do not experience as much anxiety about changes in their appearance as women.

While our findings require replication with additional samples, including non-Christian adults, they show that several key dimensions of religion are related in healthy, desirable ways to dealing with some challenges inherent in aging. The reassurance provided by one's personal religiosity may be most potent when there is a discrepancy between broader cultural standards of attractiveness and one's own identity as an aging adult. Emery and Pargament (2004) have suggested that religion provides the aging individual with an identity that perseveres even when physical appearance or external circumstances change. More broadly, Masters (2008) has asserted that religions provide the faithful with something of a "stress management program" that reduces psychological stress and anxiety (Masters 2008, p. 106). A recent study on elderly

adults found that a close personal relationship with God ameliorates the negative impact of stress in old age (Krause 2007). Consistent with these views, we believe that the explanatory framework of religion may give older adults confronting aging's unavoidable changes the chance to find meaningful and positive challenge in them, to identify and extract meaning and purpose from this natural progression. This interpretation is consistent with the robust findings here, across the genders, that a warm and close relationship with God and a higher sense of meaning and purpose in life predict better body image in older adults.

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